

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90357 030 ***158.75

DOCUMENT # P02000090506

1. Entity Name
CCD ENTERPRISES, INC.



Principal Place of Business
6811 FORSYTHE DRIVE
PANAMA CITY FL 32404

Mailing Address
6811 FORSYTHE DRIVE
PANAMA CITY FL 32404



2. Principal Place of Business

6232 E Hwy 98
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State
Parker, Florida

City & State

4. FEI Number **37-1440080**

Applied For
Not Applicable

Zip
32404

Country
Bay

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JONES, DAVID W
6811 FORSYTHE DRIVE
PANAMA CITY FL 32404

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *David W. Jones* **David W. Jones President**

1/22/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PVD** ☐ **Delete**
NAME **JONES, DAVID W**
STREET ADDRESS **6811 FORSYTHE DRIVE**
CITY-ST-ZIP **PANAMA CITY FL 32404**

TITLE **P/S/D** ☒ **Change** ☐ **Addition**
NAME **Jones, David W.**
STREET ADDRESS **6811 Forsythe Drive**
CITY-ST-ZIP **Panama City, FL 32404**

TITLE **S** ☒ **Delete**
NAME **JONES, CECILIA M**
STREET ADDRESS **6811 FORSYTHE DRIVE**
CITY-ST-ZIP **PANAMA CITY FL 32404**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Jestice, Scott M.** ☐ **Change** ☒ **Addition**
NAME
STREET ADDRESS **3201 Bob Jones DR**
CITY-ST-ZIP **Lynn Haven, FL 324**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *David W. Jones*

1/22/03

(850) 871-0710

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)